

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						61					
2		/					62					
3		/					63					
4		/					64					
5		/					65					
6		/					66					
7		/					67					
8		/					68					
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39							99					
40							100					
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.	2											
TOTAL DEP.	15											
TOTAL CLAIMS	17											